Texas
Elected Officials' Guide to Emergency Medical Services

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The Texas Elected Officials Guide to Emergency Medical Services was compiled by the Rural Task Force of the Governor's EMS & Trauma Advisory Council. It is intended to be updated bi-annually to ensure the latest data and revisions.

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Introduction

This guide is designed as a living document, to provide a brief but comprehensive overview of what the Emergency Medical System is and why the preservation of emergency medical services provided within every community in Texas is of the greatest importance. This guide is designed to provide information on the different types of emergency medical services (EMS), explain the needs of EMS, and provide general current statistics pertaining to EMS and prehospital medical response. There are many laws that address the needs of emergency medical services as well as the creation of the districts that strengthen the emergency capability of the State. Website addresses have been provided for easy access to additional information.

The Table of Contents breaks this manual into sections which makes the information specific to any issue easy to find and read. These sections highlight many different aspects of EMS and include an overview of the history of EMS as well as an overview of the EMS and Trauma System. Also included are sections describing EMS as it is today in the state of Texas, and where we hope to be in the future of Texas EMS.

Due to the ever-increasing complexity of EMS and the importance of available emergency medical response for homeland security, EMS has become an essential part in everyone's life similar to police and fire services. The public now expects EMS to be just a 9-1-1 call away—available anytime, anywhere. ***Unfortunately, at this time EMS is not defined statutorily as an essential service that must be provided throughout the state of Texas.***

History of EMS in Texas

Over the last 30 years, EMS has transformed from a patient retrieval service operated by funeral homes staffed by a single, inadequately trained crewmember, to state of the art, out-of-hospital healthcare providers resembling, in many areas, an emergency department brought to the patient.

The education and knowledge expected from EMS has increased greatly as the concept of prehospital patient care has evolved. To keep pace with this expectation, emergency medical responders must keep abreast of treatment modalities comparable to modalities for those higher trained medical professionals such as doctors, physician assistants, or nurses.

As late as the early 1960's, EMS was not viewed as a component of the healthcare system, but rather as a transport method comparable to the crude manner injured soldiers were removed from the battlefield during the Civil War 100 years earlier.

With the passage of the Highway Traffic Safety Act and the publication of *Accidental Death and Disability: The Neglected Disease of Modern Society,* written by a commission representing the National Academy of Sciences; National Research Council, and Division of Medical Services in 1966, the Department of Transportation-National Highway Traffic Safety Administration (DOT-NHTSA) was assigned responsibility for and oversight of guideline development related to the provision of EMS.

This included the first attempt at standardizing curriculum development and designing standards for ambulances and communications systems, just to name a few. The prehospital transportation system received an additional boost in 1970 when the Department of Defense combined resources with DOT and Department of Health, Education and Welfare (DHEW) to create the MAST (Military Assistance to Safety and Traffic) program.

Following lessons learned during military actions in Vietnam, it was decided that the use of air resources to extricate seriously injured patients from crash sites to appropriate medical facilities would allow the greatest opportunity for survival because of reduced transport times.

The 1980's were a period of growth and standardization for EMS, especially regarding patient care techniques and training. New advances in the treatment of the cardiac patient hit the scene, and EMS was thrust

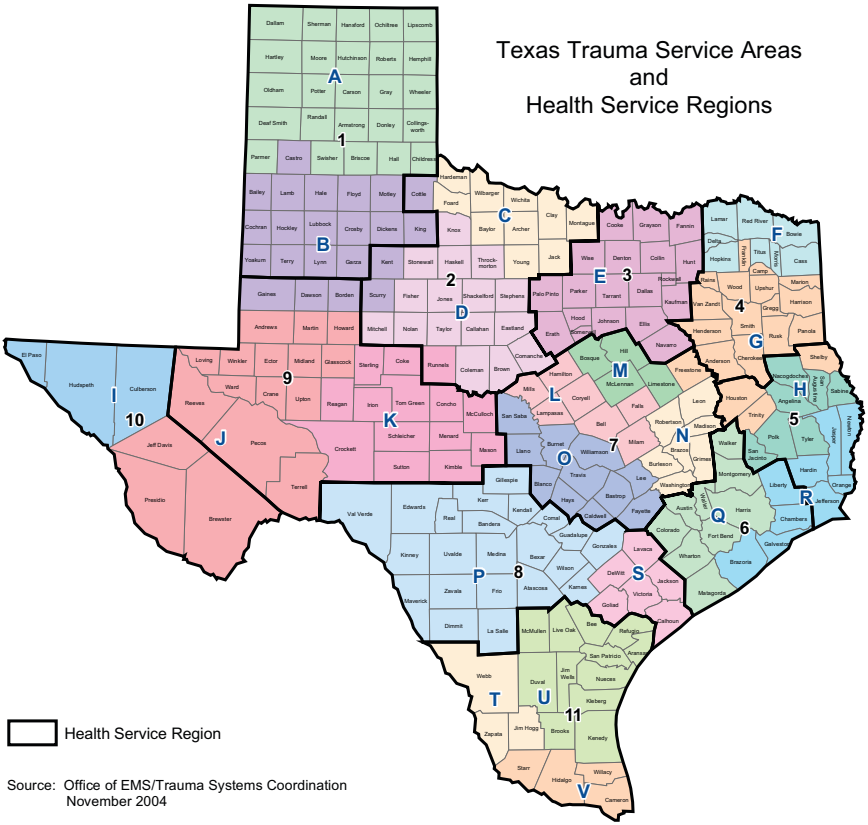
into new standards of care for cardiac victims. Cardiopulmonary Resuscitation (CPR) became the focus of a new public education drive, and the American Heart Association (AHA) came out with an Advanced Cardiac Life Support (ACLS) course that increased the impact that prehospital personnel can have on cardiac patients. Through these and many other changes, EMS was identified as an integral part of the healthcare industry. Members of local government and the medical profession were called upon to take steps necessary to lay the groundwork for a standardized, unified prehospital system which would provide care across the nation.

In Texas, EMS is regulated through the Department of State Health Services (DSHS). Texas is also divided into Health Service Regions (HSRs), identified numerically from 1-11. The EMS field offices in these regions are staffed by DSHS employees. Their responsibilities include providing technical assistance to the EMS certificants and EMS providers in the regions, conducting inspections and assisting in the regulatory responsibilities of Texas DSHS.

In addition, EMS is an integral part of the Texas Trauma System. The Texas Trauma System began developing in 1989, after passage of the Omnibus Rural Health Care Rescue Act. Designed to help rural areas gain access to urban resources, that legislation ultimately led to the division of Texas into 22 Trauma Service Areas (TSAs), identified alphabetically from A-V. Regional Advisory Councils (RACs) have been established in each of these TSAs. The function of the RACs is to develop and improve emergency and trauma health care in the state. Website: www.tdh.state.tx.us/hcqs/ems/Etrarac.htm. *(See map on page 8.)*

Challenges facing EMS in Texas

The health care system in Texas provides care to one of the largest and most diverse populations in the country, bordering four states and Mexico. Texas has a population total of 22,118,509 people (www.quickfacts.census.gov/qfd/states/48000.html), making up almost 8 percent of the total United States population. Additionally, Texas has a population of approximately 3.2 million people residing within 210,663 square miles in rural and frontier counties. Residents of Texas communities, as well as the growing influx of visitors, depend on local EMS systems to provide prehospital care and transportation, including the



diagnosis and treatment of traumatic and emergent medical conditions.

Rural Texans have significant geographic barriers to overcome. Vast distances between communities, combined with the great distances to urban areas that provide advanced health care, hinder the deliverance of life saving care for the sick and injured.

To add to the already growing problems for prehospital providers, there is the problem of the language barrier that can at times be detrimen-